FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # N24496

(4)

ISLAND NEIGHBORHOOD HOMEOWNER'S ASSOCIATION, INC.

•									
Principal Place of Business Mailing Address						- I IODARIO I DIE RIOLI BIBLI ORDIO IDLIG I	ALLI AHALI DI	DIE UTBEFORDE	I BUBUL EXELL (EQ)
2389 TREASU PALM BCH G	ire isle dr Ardens fl 33410	2389 TREASURE ISLE PALM BCH GARDENS	9 Treasure isle or M BCH gardens FL 33410						
						3. Date Incorporated or Qualified 01/26/1988		ate of Last 05/01/1	
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number			Applied For
21		26				65-0054018 Not Applicable			
Suite, Apt.		Suite, Apt. #, etc.	27			5. Certificate of Status Desired Security Securi			
City & State		City & State				6. Election Cempaign Financing \$5.00 May Be			
Zip Country		Zip Country				Trast rand Contribution — Added to Fees			
24	25	29 30		Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
	9. Name and Address of Current Reg					10. Name and Address of New Registered Agent			
			81	Ti	lame		•		
PARENT, ARTHUR			82	1 5	Greet Addres	et Address (P.O. Box Number is Not Acceptable)			
	R'S COVE ISLAND HOMEOWN	ERS		<u></u>					
	EASURE ISLE DR		83						
PALM D	CH GDNS FL 33410		84	70	City		FI	85 Zi	p Code
or register	to the provisions of Sections 617.050 ted agent, or both, in the State of Floth, and accept the obligations of, Section 1.050 th, and accept the obligation 1.050 th, accept the obligation 1.050 th, and accept the obligation 1.050 th, accept	irida. Such change was authoriz	ed by the corp	narr	ned corporat tion's board	ion submits this statement for the purp of directors. I hereby accept the appoi	ose of chantas	anging its registered	egistered office Lagent, Lam
SIGNATURE									
Signature, typed or printed name of registered agent and title if applicable (NOTE: Re 12. OFFICERS AND DIRECTORS				nts)	rature required v	vhen reinstating) ADDITIONS/CHANGES TO OF FIG	DATE SEEDS AND	DIDECTO	DDC INL 10
TITLE	PD	DELETE	13.			ADDITIONS CHANGES TO OFFIC	Change Addition		
NAME	GLASNER, CRAIG		1.2 NAME						
STREET ADDRESS	13388 MANGROVE ISLE		1.3 STREE	r add	PRESS				
CITY-ST-ZIP	PALM BCH GARDENS FL		1.4 CITY -	ST - 21	P				
TITLE	VPD	☐ DELETE	2.1 TIFLE					☐ Change	Addition
NAME	DOMICO, RONALD		2 2 NAME						
STREET ADDRESS	13324 MANGROVE ISLE		2 3 STREE	T ADO	PRESS				
CITY-ST-ZIP	PALM BCH GARDENS FL		2 4 CiTY						
TITLE	SD CENTILE TONY	☐ DELETE	3 † TITLE	,	'			Change	Addition
NAME	GENTILE, TONY 13380 MANGROVE ISLE C5		3.2 NAME						
STREET ADDRESS	PALM BCH GDNS FL		3 3 STREE						
CITY-ST-ZIP TITLE	TACH DOTT GOTTO TE	DELETE	34 CITY-	SI-Z		25		Change	Addition
NAME			4.1 MLL		0.	TEREMONN			AL PROGRAM
STREET ADDRESS			43 STREE		GESS / 3 3		e Di	t	
CITY - ST - ZIP			4.4 CITY -			Int Reach Giln.	FL	3)	410
TITLE		DELETE	5 1 TITLE	•!	-	Im Beach Gan, Per Amonn 172 Mangreve		☐ Change	Addition
NAME			5 2 NAME		1/2-	ter Amonn	1-1	. Da	•
STREET ADDRESS			5 3 STREE	I ADD	PESS 13	372 Mangreve	* 71E	. 	,
CITY - ST - ZIP			5.4 CITY -	5.4 CITY - ST - ZIP		Im Breach Gdn,	, "		
TITLE		□ DELETE	61 †ITL€					Cnange	☐ Addition
NAME			6.2 NAME			50000185 -06/11/960103			
STREET ADDRESS			6.3 STREE	T-ADC	PRESS	***61.25	JU	10	
CITY-ST-ZIP	a postific that the information and the	dunian and discussion of the con-	6 4 CITY -				7071	in e	
14. I do nereo	y ceruity that the information supplied	with this thing is voluntarily furr	iisned and doc	s no	or quality for	the exemption stated in Section 119.0	7(3)(k), Flo	origa Statul	es I further

on the education of the information suggests with this limit is votinitially furnished and does not duality for the exemption stated in section 119.07(3)(k), Florida Statutes; I furner certify that the information indicated on this apriual report on the statutes; and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachagent with an address

SIGNATURE:

GHATURE RING FRED OR DIRECTOR OF SIGNING OFFICER OR DIRECTOR

107-624-1099 Obstrue Phope s

A PROCESS CON COME COME CARLES COME COME COME COME CARLES COME CARLES COME

CR2E037 (12/95)